SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. Dap. IND. DEP. Œ, (j: (1) $\langle \tau \rangle$ $\langle T \rangle$

PTO-1360 (3-78)

TOTAL TOTAL DEP.

TOTAL CLAIMS

TOTAL